City of Portland, Maine - Build	U			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2		, Fax: (207) 874-8		2014-02132		040 F009001
Location of Construction: 305 COMMERCIAL ST BAXTE		er Name: XTER PLACE LLC		r Address: COMMERCIA 04101	AND ,	
Business Name:	Contractor Name: SimplexGrinnell		Contractor Address: 20 Thomas Drive Westbrook ME 04092			Phone: (207) 482-2343
Lessee/Buyer's Name	Phone:		Permit Type: Fire Alarm System			Zone: B3
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
retail on street level and offices in rear with 62 residential Condos in rest of building	Same: retail on street level and offices in rear with 62 residential Condos in rest of building		\$1,708.00 \$154,000.00 2 INSPECTION:			
Proposed Project Description:						
Phase II and III of project. Replace ex devices with new devices on fire alarm	on and initiating			NAME OF THE PROPERTY OF A DAY		
de rices with her devices on the diam					ed w/Conditions Denied	
Permit Taken By: Date Ap	plied For:	ī	S	ignature:		Date:
ldobson 09/15		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State ar Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include p septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	of issuance.	Flood Zone		Condition	onal Use	Requires Review
False information may invalidate permit and stop all work	a building	Subdivision	Subdivision		tation	Approved
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	make this appl r work describe	ication as his authored in the application	at the ized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDR	ESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE